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ABSTRACT

Management Engineered Teacher Education (METE) is a process of developing teacher effectiveness in classroom management. It is based on the individual teacher's attributes, philosophies, and strategies. The goals and objectives of METE and that of clinical supervision complement and support each other. The concepts and methods inherent in clinical supervision would enable a supervisor to assist teachers in acquiring, maintaining, and improving essential knowledge, skills, attributes, and competencies needed to effectively perform the four essential functions of the METE system. (CJ)

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ABSTRACT

Management Engineered Teacher Education Through Clinical Supervision reviews the basic ingredients of Management Engineered Teacher Education (METE) and of Clinical Supervision. It develops the concept of utilizing clinical supervision as a vehicle for establishing the necessary knowledge base and for implementing METE in the public schools through teachers currently active in the teaching profession who have not had pre-service experience in METE concepts.

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MANAGEMENT ENGINEERED TEACHER EDUCATION

THROUGH

CLINICAL SUPERVISION

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Management Engineered Teacher Education (METE) is a concept in teacher education developed by Dr. Bob Blomstedt, Associate Professor of Education at Texas A&I University. It is constructed on the theory that teachers need to be educated through a format related to four essential functions that teachers should effectively perform and is available for comprehensive study in both microfiche and manuscript through ERIC. It is a prescribed process of developing teacher effectiveness in classroom management that is based on the individual teacher's attributes, philosophies, and strategies which are defined by individual teacher decisions engendered through the comprehensive study and exploration of the professional, group leader, behavioral manager, and instructional manager functions the teacher must perform in order to facilitate student learning and teacher actions. METE is therefore a delivery system framework which assists the teacher in acquiring the necessary knowledge, attributes, skills and competencies needed to function effectively in these four areas and in the application of this knowledge and skill as a management system designer, implementor and evaluator. It is designed to eliminate the "shotgun" approach to teacher education by building into the teacher education program a systematic approach consisting of five components: professional engineering, group engineering, behavioral engineering, instructional engineering, and systems design engineering. It represents the scientific, rational dimensions of plan-

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ning and is designed for the systematic improvement of management processes for the professional educator from the first day in the classroom until retirement.

Teachers already in the field who have not had orientation to the METE approach at the pre-service level provide a target population for application of various principles of supervision and inservice education that is both inviting and challenging. A thorough examination of the concepts and processes underlying clinical supervision and METE reveal that the goals and philosophies of these two systems seem to complement and support each other. According to Anderson, Goldhammer and Krajewski clinic supervision:

*is a technology for improving instruction

*is goal oriented and based on school and personal growth needs

*requires a close working relationship between teacher and supervisor

*bridges the real - ideal gap

*requires that the supervisor know more about instruction and learning than the teacher

*requires special training for the supervisor (4: p. 26)

Any school district that desires to implement the METE system should proceed by first assessing the needs of the district's supervisors and provide for them the necessary training in both METE and in the various aspects of clinical supervision that is deemed essential to the successful completion of the METE system installation process.

In general, the supervisor functioning in a school district that is seeking to implement basic principles of METE would be involved in performing four general tasks: (1) taking appropriate administrative action to assist teachers in acquiring knowledge, skills, attributes, and competencies needed to design, implement, and evaluate a personal management system, (2) design effective and appropriate evaluative devises to be used in teacher self-evaluation and in

observation, (3) conduct a needs assessment of the teaching personnel, (4) assist the individual teacher in developing a personal management system via the five stage cycle of clinical supervision. Planning and scheduling workshops to alleviate gaps in knowledge and skills pertaining to the components of METE will be required. These planned inservice meetings will also help to insure that teachers receive training in general management skills ennumerated in METE and should also develop the various philosophies and techniques of clinical supervision so that the teachers can assist each other in the observation and evaluation of personal management systems.

The five stage cycle of clinical supervision would allow the guidance, counseling, feedback, and encouragement that the teacher needs. The direct, hands-on, in-class, face-to-face nature of clinical supervision would insure maximum effectiveness in the implementation and evaluation of the management system. Thus, the individual management system would be systematically evaluated, teacher by teacher, via the five stage cycle of clinical supervision: (1) the preobservation conference; (2) observation; (3) analysis and strategy; (4) supervision conference; and (5) postconference analysis.

Total implementation of METE can perhaps best be explained by the analogy (proposed by Anderson) between the relationship of the teacher and students and that of the supervisor and teacher. Goldhammer elaborated this anology and interjected a clinical supervisor who is seen as a teacher of teachers. A further elaboration of the model can be made by interjecting a clinical supervisor who is seeking to implement basic principles of Management Engineered Teacher Education. The illustration on the following page shows three kinds of knowledge and skills that supervisors must possess if they are to succeed in helping teachers to increase their own command of the three-dimensional teaching role. These three dimensions and teaching roles are symbolized by a

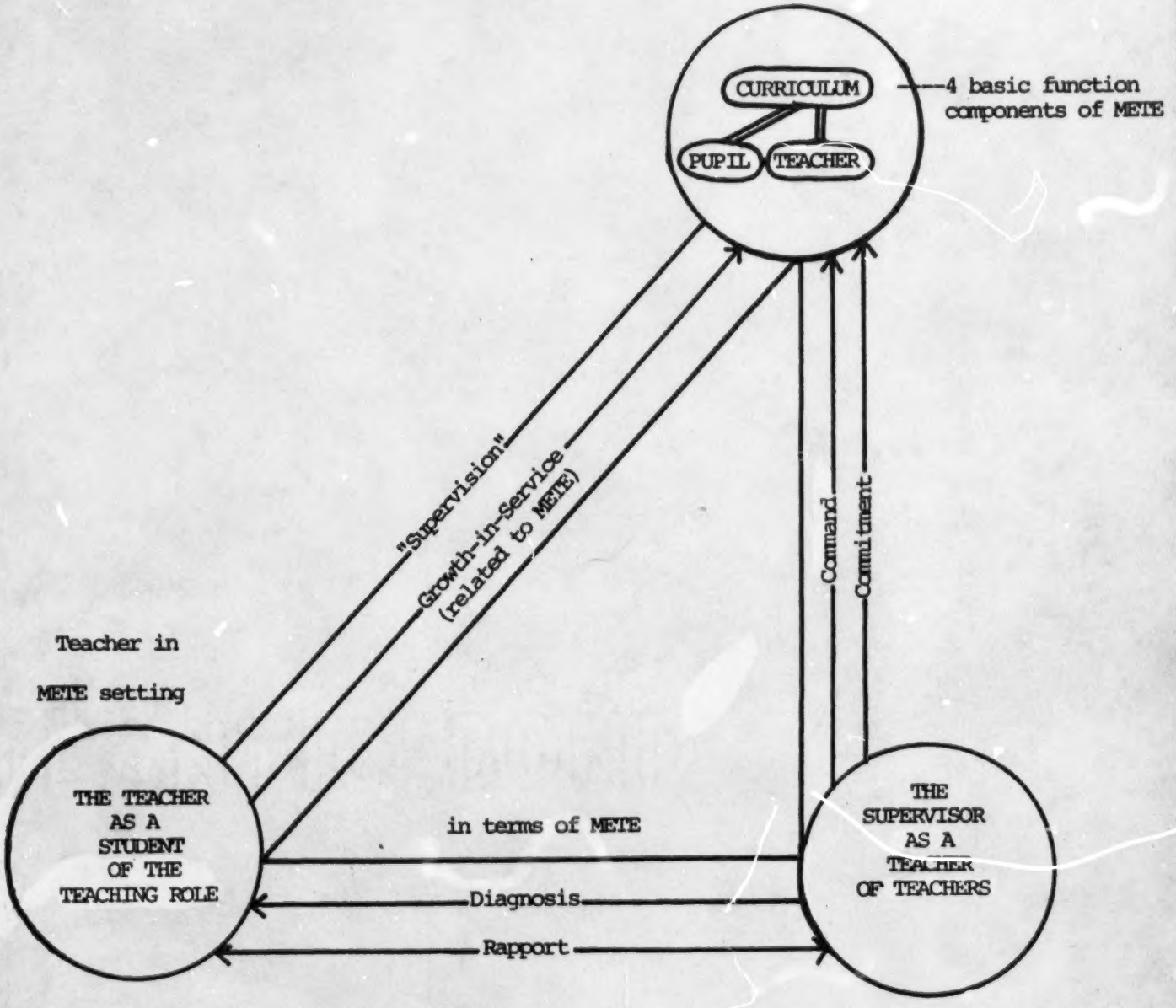

FIGURE I: The Clinical Supervisors role implementing METE.

right triangle at the extremeties of which are shown (1) the teacher's role; (2) the teacher and (3) the teacher of teachers or the supervisor. The teacher's role would primarily involve the five components of METE. The teacher's role would in turn, become that knowledge base that supervisors must possess in order to be in a position to provide guidance, alternatives, suggestions, etc. Goldhammer was right in saying that in order to be helpful a supervisor must have a larger and deeper understanding of teaching than the person he or she seeks to help. The supervisor needs to help many teachers, all with different needs and ideas.

The horizontal dimension of Figure 1 reflects the need for supervisors to know how to examine each teacher's role-improvement needs, and also how to build rapport of the sort that is based on trust. These role-improvement needs would be based on evaluation techniques used by the supervisor during the second stage of the cycle: observation.

The hypotenusal dimension of Figure 1 illustrates what the supervisor does, in the form of supervision, to help the teacher to experience growth-inservice. This can be described as the technical knowledge base of the the supervisor which would include a thorough knowledge of Management Engineered Teacher Education and its five components. The technical knowledge would enable the supervisor to assist the teacher in making decisions pertinent to the three basic components of a system: (1) input component, (2) conversion component, and (3) the output component. The knowledge base should enable the supervisor to assist teachers in determining how the input is going to be converted into an output to achieve the desired goals. The supervisor should be in a position to provide guidance and counseling techniques as well as alternatives stemming from the knowledge base.

The vertical dimension reflects the substantive knowledge base about the teacher's role. The supervisor would need to possess thorough knowledge of the role of the teachers implementing principles of METE. The supervisor's

role would require that the supervisor assist the teacher in designing, implementing and evaluating the personal management system via the five stage cycle of clinical supervision.

Thus, the goals and objectives of Management Engineered Teacher Education and that of clinical supervision complement and support each other. The concepts and methods inherent in clinical supervision would enable a supervisor to assist teachers in acquiring, maintaining, and improving essential knowledge, skills, attributes, and competencies needed to effectively function as a professional, group leader, behavioral manager, as an instructional manager and as a systems designer, implementor, and evaluator. The direct, hands-on, face-to-face nature of clinical supervision would place the supervisor in a perfect position to help the teacher. It is assumed that continuous growth and refinement can be more effectively accomplished through clinical supervision where a highly skillful person is available for assistance. This growth and refinement underlies the essence of Management Engineered Teacher Education.

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